

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24181

Entity Name: CHURCH OF THE CROSS OF LEE COUNTY, INC.**Current Principal Place of Business:**13500 FRESHMAN LANE
FORT MYERS, FL 33912**Current Mailing Address:**13500 FRESHMAN LANE
FORT MYERS, FL 33912**FEI Number:** 65-0015924**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LELAND, HOWARD
13500 FRESHMAN LANE
FORT MYERS, FL 33912 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	M
Name	DAVIES, WARREN
Address	12261 STONE VALLEY LOOP
City-State-Zip:	FORT MYERS FL 33913
Title	VICE MODERATOR
Name	SMITH, FREDERIC U
Address	8557 BRITTANIA DRIVE
City-State-Zip:	FORT MYERS FL 33912
Title	TREASURER
Name	LELAND, HOWARD L
Address	14541 EAGLE RIDGE DRIVE
City-State-Zip:	FORT MYERS FL 33912
Title	ELDER
Name	HERIEGEL, NANCY
Address	8196 WOODRIDGE POINTE DRIVE
City-State-Zip:	FORT MYERS FL 33912

Title	SECRETARY
Name	HEYBOER, BETH I
Address	17485 DUQUESNE ROAD
City-State-Zip:	FORT MYERS FL 33967
Title	ELDER
Name	KUNKEL, FRED
Address	6604 DANIEL COURT
City-State-Zip:	FORT MYERS FL 33908
Title	ELDER
Name	ANDERSON, SHARON
Address	1830 BRANTLEY ROAD - G3
City-State-Zip:	FORT MYERS FL 33907
Title	ELDER
Name	STORK, ROGER
Address	8340 TRENTWOOD COURT
City-State-Zip:	FORT MYERS FL 33912

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: HOWARD L. LELAND**TREASURER****02/24/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date